

(1) Person Filing: \_\_\_\_\_  
\_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

**IN THE SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

(2) In the Matter of the Guardianship and/or Conservatorship of: \_\_\_\_\_  
Ward 1: \_\_\_\_\_  
Ward 2: \_\_\_\_\_  
Ward 3: \_\_\_\_\_  
[ ] An Adult [ ] A Minor

(3) Case Number: GC \_\_\_\_\_  
**FINAL ACCOUNTING**

(4) This Accounting concerns Ward: [ ] 1 [ ] 2 [ ] 3.

Accounting Period Opening Date: (5) \_\_\_\_\_ Closing Date: (6) \_\_\_\_\_

(7) Beginning Balance	\$ _____
(8) Receipts	\$ _____
(9) Gains	\$ _____
(10) Disbursements	(\$ _____)
(11) Losses	(\$ _____)
(12) Beginning Balance of Debts	\$ _____
(13) Ending Balance of Debts	(\$ _____)
(14) <b>Ending Balance</b>	<b>\$ _____</b>

A copy of each Accounting summary in this conservatorship is attached.

(15) **Certificate of Delivery:** The conservator will mail or hand-deliver a copy of this Accounting to the following on the date it is filed.

	WARD 1	WARD 2	WARD 3
THE WARD			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____

	WARD 1	WARD 2	WARD 3
<b>THEIR MOTHER</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
<b>THEIR FATHER</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
<b>THEIR CLOSEST ADULT RELATIVE</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
<b>THEIR COURT-APPOINTED ATTORNEY</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
<b>THEIR GUARDIAN AND/OR CONSERVATOR</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
<b>PEOPLE HAVING CARE OR CUSTODY OF THEM</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
<b>PEOPLE WHO FILED A DEMAND FOR NOTICE</b>		<b>THE WARD'S ADULT CHILDREN</b>	
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
<b>THE WARD'S SPOUSE</b>		<b>THE VETERANS' ADMINISTRATION</b>	
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____

(16) \_\_\_\_\_  
 Conservator's Signature  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Conservator's Signature  
 Date: \_\_\_\_\_